

TSD File Inventory Index

Date: January 8, 2002

Initial: CM [signature]

Facility Name: <u>Agri-Tech Corporation (Twp. Falders, etc.)</u>		
Facility Identification Number: <u>LP 982 205 544</u>		
A.1 General Correspondence		B.2 Permit Docket (B.1.2)
A.2 Part A / Interim Status		.1 Correspondence
.1 Correspondence	Y	.2 All Other Permitting Documents (Not Part of the ARA)
.2 Notification and Acknowledgment	Y	C.1 Compliance - (Inspection Reports)
.3 Part A Application and Amendments		C.2 Compliance/Enforcement
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications
.5 Change Under Interim Status Requests		.2 Import/Export Notifications
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents <u>C.3</u>
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment
.1 Correspondence		.1 RFA Correspondence
.2 Reports		.2 Background Reports, Supporting Docs and Studies
A.4 Closure/Post Closure		.3 State Prelim. Investigation Memos
.1 Correspondence		.4 RFA Reports
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation
A.5 Ambient Air Monitoring		.1 RFI Correspondence
.1 Correspondence		.2 RFI Workplan
.2 Reports		.3 RFI Program Reports and Oversight
B.1 Administrative Record		.4 RFI Draft /Final Report

Total - 2

.5 RFI QAPP		.7 Lab data, Soil Sampling/Groundwater	
.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		D.6 Environmental Indicator Determinations	
D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		G.1 Risk Assessment	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI Correspondence		.9 Environmental Justice	

Note: Transmittal Letter to Be Included with Reports.

Comments: Documents do not justify individual folders per schedule. C.3 Enforcement Confidential documents are in separate folder

United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste

87.9097

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
F

ILD982205544

T/A C
1

A

870604

RECEIVED
JUN - 2 1987**I. Name of Installation**

S P E C T R U L I T E C O N S O R T I U M I N C

II. Installation Mailing Address

Street or P.O. Box

C
3

C O L L E G E A N D W E A V E R S T S

City or Town

State

ZIP Code

C
4

M A D I S O N

I L

6 2 0 6 0

III. Location of Installation

Street or Route Number

C
5

S A M E

City or Town

State

ZIP Code

C
6**IV. Installation Contact**

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

B I C H E L S C O T T E N G

6 1 8 4 5 2 5 1 9 0

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

B A R N E S W I L L I A M

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**☐

1a. Generator

☒

1b. Less than 1,000 kg/mo.

☐

2. Transporter

☐

3. Treater/Storer/Disposer

☐

4. Underground Injection

☐

5. Market or Burn Hazardous Waste Fuel

(enter 'X' and mark appropriate boxes below)

☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification**VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)**☐

A. Utility Boiler

☐

B. Industrial Boiler

☐

C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))☐

A. Air

☐

B. Rail

☐

C. Highway

☐

D. Water

☐

E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒

A. First Notification

☐

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 5		
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2	U 1 2 2	U 1 5 1	U 1 8 8	U 2 2 0	U 2 2 6
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)


☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) John T. Conroy Vice President & General Manager	Date Signed 6/1/87
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